STATE OF SOUTH CAROLINA (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo Request for reinstatement of Class C Taxi-Gertificate Earthalene Carter Nicks JUN 24-2013	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: 2010 - 329 - T If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you	
(Please type or print) Submitted by: ** ** Arthulene Carter Nicks	have filed with the Commission before, a Docket Number was assigned and should be entered above. Telephone: **\frac{343 - 708 - 1296}{}	
Address: (*) 193-B Congress St Charleston, SC 29403 NOTE: The cover sheet and information contained herein neither replaces		
as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely. NATURE OF ACTION (Check all that apply)		
Application - Class A/A Restricted Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Order Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded Request for Cancellation of Certificate Request for Suspension	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit Reservation Letter Response Return to Petition Other:	
Request for Reinstatement	·	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

Mail or fax a copy to:

S.C. Office of Regulatory Staff

CLASS C REINSTATEMENT FORM

File the original with:

Public Service Commission of South Carolina

244852

Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
JUNE 10, 2013 DATE:	
Please consider this an application for Reinstate	ement of my:
Taxi Certificate Number 8345	
Charter Certificate Number	Dept. SA/ORS
Charter Bus Certificate Number	
Non-Emergency Certificate Number	Time: 11:45 Am
Stretcher Van Certificate Number	
My certificate was revoked/cancelled on(DATE	of failure to pay decal feesbecause
am seeking reinstatement because docum	ment was found and payment was
Earthalene Carter Nicks	DBA
(Name of Company)	(if applicable)
193-B Congress St	\mathscr{Q}
(Street Address)	(Mailing Address if different from Street Address)
Charleston, SC 29403	D'Eartholene C. Nicks
(City, State, Zip Code)	(Signature)
<u> 243 - 708 - 129 6</u> (Telephone Number)	(Title) Owner, President, etc.